CREDIT IMPAIRED ACCOUNT LEDGER STATEMENT

Account Number:

Customer Name:

Address:

Contact No:

Statement Date:

Impairment Date:

Classification:

Officer In Charge:

IMPAIRMENT SUMMARY STATUS			
Principal Balance:		**Impairment Provision:**	
Accrued Interest:		**Suspended Interest:**	
Other Charges/Fees:		**ECL Allowance:**	
Total Outstanding:		**Net Realizable Value:**	

DATE	REF NO.	TRANSACTION DESCRIPTION	DEBIT (+)	CREDIT (-)	BALANCE

Prepared By (Recoveries/Credit Risk Unit)

Authorized Approval Signatory